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NASO-ANTRAL CATARRH AND ITS TREAT-  
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BY

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## NASO-ANTRAL CATARRH AND ITS TREATMENT.\*

By W. H. DALY, M.D.,  
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I N presenting the following rather unusual cases to your attention, I may state, that in a somewhat busy practice in diseases of the upper air-passages and cavities, I have met with but three cases of this kind within the past four years; and although our surgical text-books and works on nasal surgery mention the subject in a general way, and though dental literature occasionally treats of it from that standpoint, yet details of actual cases from the experience of the rhinoscopist are not at all frequent, whatever may have been their observations; and two of these cases having submitted to operative treatment, are reported with a hope that more light may be thrown upon the subject of not only the extensions of purulent catarrhal disease to the antrum of Highmore and its efficient treatment, but upon the more difficult problem of similar affections of the frontal sinus, the nasal ducts, and the ethmoidal cells. That any of these cavities may become the nidus of a purulent catarrhal disease which will persistently baffle all the ordinary modern methods of treating nasal catarrh, there can be no doubt in the mind of any one who has had experience with them; at least there will be exceptional cases, and it is just those exceptional cases that we are most ambitious to deal successfully with.

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CASE I.—Mr. J. V. M., ætat. 51, unmarried, wt. 175 lbs., ht. 5 ft. 6 in. Always healthful, excepting slight ailments, till 2½ years ago, when he first noticed he had nasal catarrh.

There was no history of syphilis either inherited or acquired, but he had had repeated attacks of gonorrhœa in former years.

His attention was first attracted by a pain about the left eye, of greater or lesser severity during two or three months. This pain subsided after a copious purulent discharge from the left nostril.

He was treated by a goodly number of skilful physicians in Pittsburgh for catarrh, with little abatement of the discharge, which continued copious, soiling from three to eight handkerchiefs in the day. His disposition, naturally pleasant and social, became morbid, and believing himself an unpleasant companion, he shunned his friends.

Considering his efforts to obtain relief in Pittsburgh to be fruitless, he went abroad. Hearing of the skill of Dr. Smyly, of Dublin, he placed himself under his care. The doctor removed a polyp from the left nasal cavity, and treated the catarrhal disease of the nasal cavities for some weeks, with, however, but little abatement of the discharge, which was the chief, and, it may be said, the one annoying feature of the case.

Dr. Smyly advised his return to America, and that he should place himself in the care of some one near home familiar with diseases of the nasal cavities, and undergo patient effort to be cured.

From the history given by the patient there was evidently no suspicion as to the existence of disease of the antrum on the part of any of his medical advisers, and when he placed himself under my care in October, 1880, I found extensive catarrhal inflammation of both nasal cavities, which were narrow; the left one extremely so, with the walls in contact, excepting a fissure immediately above the floor of the nostril, which would admit a No. 10 sound.

I am free to say that I, also, from the nature of the case, did not at first suspect disease of the antrum, having up to that time had no experience whatever with a case of purulent antral disease, and as the patient complained of fugitive neuralgic pains and some rheumatism, I was wont to attribute the early history of pain about the left eye to orbital neuralgia. However, after three months' most obstinate efforts on the part of both myself and patient, I determined that a large part of the discharge came from the left antrum of Highmore.

I was led to this conclusion by the patient telling me that latterly, when lying on his right side, an occasional free flow of muco-pus would come into his throat, but no pain existed in the region of the antrum.

The second bicuspid tooth was extracted, and by means of a drill the antral cavity was easily entered.

In order to verify the diagnosis, the nasal cavities were thoroughly washed out; then this nozzle, attached to a common Davidson syringe, was placed in the opening in the jaw, and a simple alkaline fluid forced in. This was attended immediately by a copious flow of thickish, rather offensive mucus from the antrum, through its orifice, into the nasal cavity. This was daily thereafter observed by means of the nasal speculum.

There was, however, a persistent discharge, small in quantity, evidently from the frontal sinus. This cavity I proposed to trephine, but not being able to assure the patient of the entire safety of the procedure, the interference was declined.

After two more months of treatment with the use of slightly stimulating and astringent injections, by means of the syringe introduced through the opening in the jaw, the discharge was diminished about  $\frac{4}{5}$ , when the patient felt he had somewhat recovered from melancholia and suicidal tendencies, and his youthful feelings being measurably restored, he embarked on the sea of matrimony, feeling at last that he had become, to a reasonable extent, companionable at the age of 52 years.

That his case was fully cured I am unable to say, but that the disease of the antrum was cured there can scarcely be a doubt. Nothing short of a similar treatment of the frontal sinus would secure entire relief of the discharge from that cavity.

The opening in the jawbone was fitted with a silver canula fastened to the teeth, into which was inserted the nozzle of the syringe, and by first washing out the nasal cavities the amount of muco-pus driven out of the antrum by the cleansing fluid could easily be estimated from time to time.

#### *Comment on Case I.*

It may be wondered at that the disease of the antrum had escaped the scrutiny of so many medical men, and in fact only hit upon after I had exhausted much effort at relief; but a very narrow nostril prevented free inspection, and the



long absence of pain in the antrum may account for, or rather excuse, what might otherwise pass current for either carelessness in diagnosis or lack of skill.

CASE 2 was a young attorney, G. D. L., from a neighboring county, who was referred to me by a former patient, Feb. 16, 1880. Our first interview was brief, as I declined to guarantee a cure, or to refer him to any patients whom I had cured, or, in fact, make any terms whatever, except that he submit himself to my care unconditionally. He sought other advice and care.

However, eight months afterward he again presented himself, asking for no conditions, save that I do the best I could for him.

He was aged 25 years; wt. 182 lbs., ht. 6 ft.; and excepting nasal catarrh had always been healthful. There was no history of syphilis. He was altogether a splendid specimen of vigor in appearance. He had been the patient of many "doctors," none, however, eligible for association with respectable medical men; so far as I know their names are not borne on the rolls of any medical body of men. According to his own statement, he had had naso-pharyngeal catarrh for four years. Rhinoscopic inspection as recorded and taken from my note-book states:

"He has now a cartilaginous and osseous tumor growing from the left side of the nasal septum, opposite the inferior nasal fossa, one inch long antero-posteriorly, and projecting quite across the nasal cavity. The normal size of this cavity is capacious and ample.

"He has also an erectile hyperplasia springing from the anterior end of the lower turbinated bone of the right nostril, as large as a hickory nut, and blocking up the entire nasal cavity. There is a copious discharge of muco-pus from both nostrils, that from the right one being *extremely* offensive and of a burnt chestnut odor that is at once both sickening and most permanent, fixing its peculiar odor on instruments for 24 hours, even after the application of disinfectants to them. I have frequently recognized the disgusting odor of this patient in my office 14 hours after my professional interview with him, and after being thoroughly aired and disinfected.

"The pharynx and larynx are much congested and highly irritable, especially the faucial portion of the pharynx.

"The V C are intensely red, but of powerful construction."

The nasal obstruction together with the copious offensive discharge had rendered the patient unhappy, and he felt sensibly that he was disgusting to his friends, and though fond of society, was impelled to deny himself its pleasures and remain alone, owing to his infirmity.

The erectile growth was removed from the right nostril by means of the snare, and the osseous growth from the left nostril by means of biting forceps, when it was discovered, that the lower turbinated bone of the right nostril was necrosed. This was entirely cleared out, and the parts treated by cleansing and disinfecting applications carefully applied daily.

The discharge soon diminished in the left nostril, but not so with the other, which kept up both in quantity and offensiveness.

My patient had expressed the opinion at our first interview that catarrh *could not be cured*, and while he had since, to some extent, changed his opinion, he was again repossessing himself of his first views on the matter, and, becoming somewhat discouraged, expressed himself in lawyer-like fashion, as to the soundness of his originally expressed belief.

Without having any fixed symptoms referable to the antrum to base an opinion upon, I, notwithstanding, arrived at the conclusion that the offensive discharge came from that cavity.

The patient possessed a fine set of teeth, of which he was very proud, and hesitated to allow me to enter the antrum by drawing one, unless I could assure him that I would be successful in reaching the seat of the disease.

The operation was, however, finally assented to, and taking out the second molar, the antrum was entered through the cavity of its palatine fang by means of a drill.

Upon introducing a probe into the antrum through the opening, and withdrawing it, I soon detected the odor upon it, with which I had already become only too familiar. Now with the syringe loaded with diluted Dobell's solution, and first washing out the nares, I drove out through the nasal opening about three drachms of most offensive muco-pus. In fact, the odor of this fluid exceeded any that had been evacuated, and even sickened the patient to the utmost degree.

The injections used in this case were a ten-gr. solution of potassium permanganate, followed with the fluid extract of pinus Canadensis and the compound solution of iodine alternately.

In two weeks the discharge had diminished  $\frac{5}{6}$ , and had lost its offensive odor.



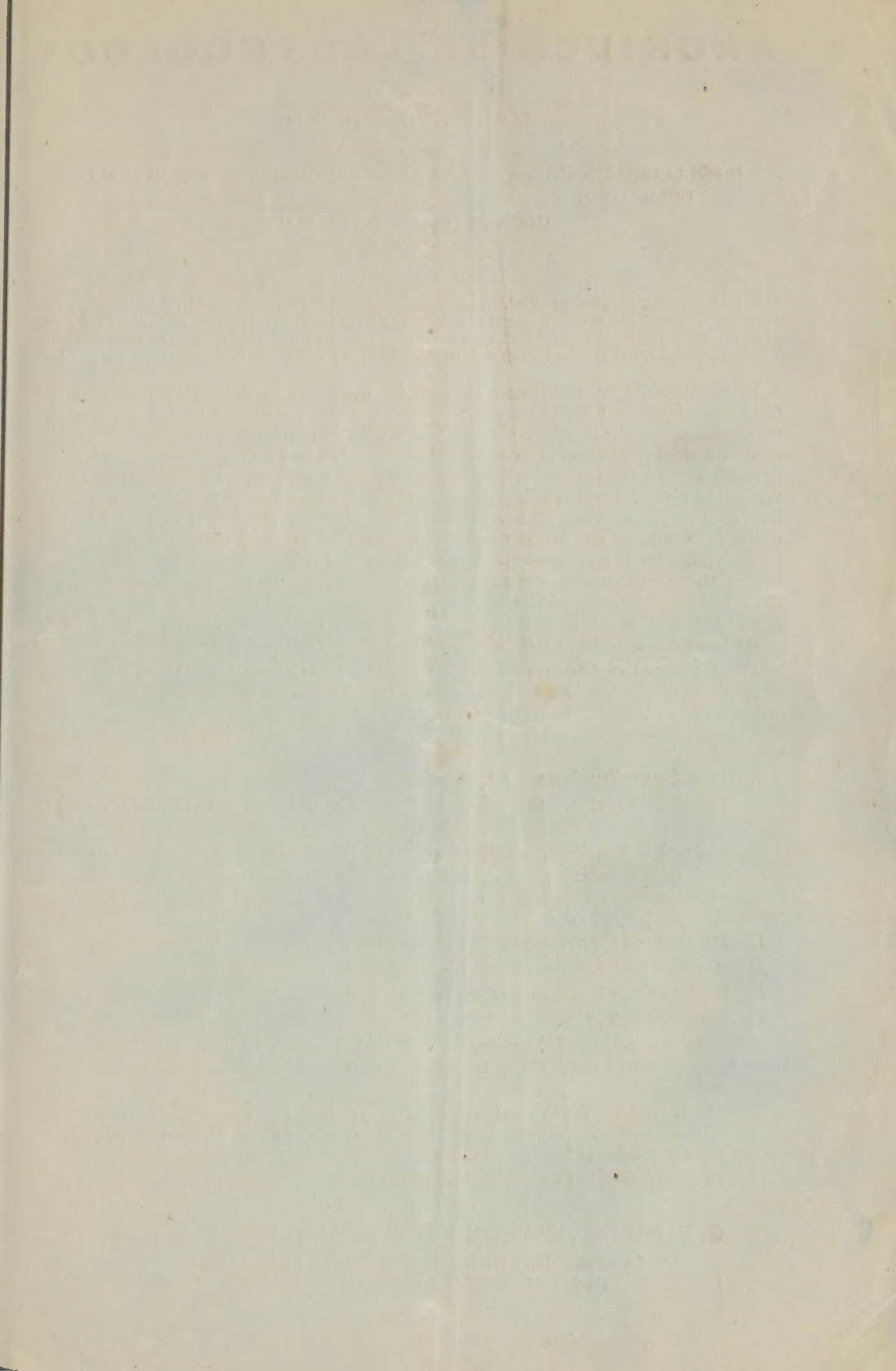
In a letter dated May 10, 1882, this patient says in reply to the question as to his condition at this time : " There is no discharge whatever, and my throat and nasal passages are as clear and healthy as any man could wish. I still wear the gold tube in the jaw bone which was inserted in accordance with your advice, but there is no discharge through it, and nothing offensive in odor from the cavity of the bone. *I am perfectly well.*"

*Comments on Case 2.*

The origin and history of this case up to the time I saw it first are similar to the many that have been subjected to heedless and aimless treatment on the part of patients themselves, who, believing they have catarrh, resort to the innumerable snuffs and douches advertised, and a knowledge of the pathology of the given case is never sought. The word catarrh carries to their minds all that is desired to be known. And the vaunting advertisement of the mountebank tells them to apply this snuff or that douche to their ailment and be cured. They do it and are disappointed. The educated medical man has been largely responsible for this state of affairs, as formerly he neither endeavored to familiarize himself with the consequent pathology of catarrhal diseases nor treat them rationally. Nor was he always convinced that his professional brother, who had spent much time and labor in familiarizing himself with this special branch of work, to the exclusion of other no less useful branches, could better handle such cases than himself.

It is, however, a good omen, that of late years the most advanced medical men have believed that patients suffering from catarrhal diseases are entitled to more thorough investigation and treatment than is covered by the assurance that it is only trivial and that a little snuff or a gargle will suffice, without any inspection or care as to what is the actual local condition, or what the extent of inconvenience to the patient, or what the danger to the important special senses of hearing, sight, and smell, not to speak of the possible impairment of that most divine of all the attributes of humanity—the voice and articulate speech.





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